

FORM
5A

Rev
06/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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02/26/2015

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100322
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1001 NOBLE ENERGY WAY
City: HOUSTON State: TX Zip: 77070
4. Contact Name: Kathleen Mills
Phone: (720) 587-2226
Fax: (303) 228-4286
Email: eroberts@nobleenergyinc.com

5. API Number 05-123-16977-00
6. County: WELD
7. Well Name: TANIA BLUE D
Well Number: 2-9
8. Location: QtrQtr: NESE Section: 2 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type:

Treatment Date: End Date: Date of First Production this formation: 05/21/2012

Perforations Top: 6620 Bottom: 6860 No. Holes: 204 Hole size:

Provide a brief summary of the formation treatment: Open Hole: ☐

COMMINGLE NB & CD

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/24/2012 Hours: 24 Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12
Calculated 24 hour rate: Bbl oil: 11 Mcf Gas: 83 Bbl H2O: 12 GOR: 7545
Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 400 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1304 API Gravity Oil: 53
Tubing Size: 1 + 2/3 Tubing Setting Depth: 6816 Tbg setting date: 05/22/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 04/29/2012 End Date: 04/29/2012 Date of First Production this formation: 05/04/2012
Perforations Top: 6620 Bottom: 6684 No. Holes: 96 Hole size: 0.2

Provide a brief summary of the formation treatment:

Open Hole: ☐

PERF'S 6620-6632', 6672-6684'; FRAC'D W/155614 ALS LIGHTNING AND SLICK WATER, 500 GALS 15% HCL AND 246104# OTTAWA SAND

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3705

Max pressure during treatment (psi): 5394

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal): 8.43

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.96

Total acid used in treatment (bbl): 12

Number of staged intervals: 9

Recycled water used in treatment (bbl): 267

Flowback volume recovered (bbl): 348

Fresh water used in treatment (bbl): 3438

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 246104

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Kathleen Mills

Title: Regulatory Analyst Date: 2/26/2015 Email: eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num **Name**

400799809 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

Permit •This 5A adds the NBRR perfed interval, commingling NB-CD. 11/06/2018

Total: 1 comment(s)